

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000022870**

1. Entity Name  
**RENAISSANCE ATLANTIC, L.L.C.**



Principal Place of Business  
**331 CAPE CORAL PARKWAY WEST, SUITE C  
CAPE CORAL, FL 33914**

Mailing Address  
**331 CAPE CORAL PARKWAY WEST, SUITE C  
CAPE CORAL, FL 33914**



02232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1193722**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PETERSON, ROBERT V  
331 CAPE CORAL PKWY W, STE C  
CAPE CORAL, FL 33914**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000654930  
03/13/07-80083-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PITONI, LAWRENCE
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	PITONI, KIM S
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	PETERSEN, ROBERT V
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	PETERSEN, KATHLEEN
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	LINN, DAVID
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	LINN, IRENE
STREET ADDRESS	331 CAPE CORAL PARKWAY WEST, SUITE C
CITY-ST-ZIP	CAPE CORAL, FL 33914

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Kathleen M. Peterson mgrm Kathleen M. Peterson* *2/27/07* *239-542-9271*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #